

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005173

FILED
Jan 04, 2006
Secretary of State

Entity Name: P.S.L. BABE RUTH BASEBALL LEAGUE, INC.

Current Principal Place of Business:

P O BOX 880303
PORT ST LUCIE, FL 349880303

New Principal Place of Business:

Current Mailing Address:

P O BOX 880303
PORT ST LUCIE, FL 349880303

New Mailing Address:

FEI Number: 65-0953062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBISH, MICHAEL
3618 SW PARSON ST
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MICHAEL, DEBISH
Address: 3618 SW PARSONS STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: DVP () Delete
Name: DEBISH, MICHAEL
Address: 3618 SW PARSONS STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: DS () Delete
Name: MAY, DESIREE
Address: 1633 SW GADSDAN AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DT () Delete
Name: DEBISH, MICHAEL
Address: 3626 SW PARSONS ST.
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DEBISH

DP

01/04/2006

Electronic Signature of Signing Officer or Director

Date